AdventHealth

August 29, 2019

VIA ELECTRONIC FILING
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Marlene Dortch
Secretary
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re: WC Docket No. 18-213/FCC 19-64, Promoting Telehealth for Low-Income Consumers

Dear Ms. Dortch:

On behalf of AdventHealth, we appreciate the opportunity to provide comments in response to the Notice of Proposed Rulemaking for the Promoting Telehealth for Low-Income Consumers Pilot (the "Pilot"). Our system includes 46 hospital facilities located across nine states and serves four million people every year. Our patients reflect the communities we serve: diverse in age, race, ethnicity, income and payer. With such diverse facilities, populations served and geographical locations, we strive to provide an objective and sound policy voice that addresses structural and social determinants of health.

We appreciate the Federal Communications Commission's efforts to expand telehealth services to low-income individuals and increase access to health care. As the Agency has recognized, more than 30 percent of rural residents lack access to broadband internet, affecting nearly 20 million rural Americans and 1.4 million Americans living on Tribal lands.[1] However, as the delivery of quality care is increasingly inextricable from internet access, the opportunity to expand broadband to these and other low-income populations continues to grow in importance.[2] AdventHealth believes the proposed pilot offers a practical framework for gathering data and expanding the infrastructure needed to reach low-income consumers with telehealth services. Accordingly, AdventHealth offers the FCC feedback on the following areas of inquiry in support of developing this pilot:

- Impact of Medical Laws and Regulations
- Apps, Devices and Connectivity
- Monthly Caps for Internet Access Services

[1] Federal Communications Commission, 2018 Broadband Deployment Report (2018).
[2] Bowerly, B., et al., Broadband Access as a Public Health Issue (2019).

Impact of Medical Laws and Regulations

The FCC seeks input regarding the impact that medical licensing and reimbursement laws and regulations might have on the structure of the Pilot program, as well as suggestions for designing the Pilot based on these impacts.

AdventHealth recommends that the FCC develops this pilot with the flexibility to accommodate wide variation in state licensing requirements. State licensing requirements can be a regulatory barrier to ensuring that qualified health care providers are available to meet the demands of telehealth programs serving low-income and especially rural areas of the United States. States that allow providers across State lines to provide telehealth services may be more equipped to meet the needs of an underserved or low-income patient population.

Low-income populations and veterans share many access barriers. However, they may experience these barriers to different degrees depending on where they are seeking to access health care. For veterans receiving care through the Department of Veterans Affairs (VA), these licensing and coverage impediments may be partially avoided because the system of care and coverage is more uniform across states. However, AdventHealth recognizes that State definitions of telehealth are inconsistent, and that State Practice Acts may treat telehealth differently for reimbursement purposes under Medicaid. However, low-income individuals subject to variability in State laws and regulations may continue to experience confusion when accessing telehealth. The unique needs of these populations and issues such as insurer coverage, transportation or provider availability, should be considered in developing the Pilot.

AdventHealth recommends that the FCC includes states with and without interstate licensing restrictions on telehealth practice. For example, the FCC should include states in the Pilot that are part of the Interstate Medical Licensure Compact. Under the Compact, a consortium of states have agreed to recognize common eligibility requirements, allowing providers to practice telemedicine in any of the member states. However, the FCC may also find it valuable to intentionally include states with telehealth licensure restrictions.[3] This would allow the Agency to

[3] These states include Alabama, Arizona, Colorado, District of Columbia, Georgia, Idaho, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire,

collect data comparing the influence of licensure restrictions on connected care. Subsequently, the FCC would be able to make determinations about provider availability as a persistent barrier to telehealth, even when broadband capability has been established.

FCC also seeks input on interagency coordination with other federal stakeholders, like the Center for Medicare and Medicaid Services (CMS) and the VA. **AdventHealth recommends coordination with these agencies to develop standard or similar telehealth definitions.** This would help to promote uniformity among states currently administering telehealth programs that may also wish to participate in the Pilot. Having consistent definitions of telehealth can aid in uniform application and legal interpretation of telehealth standards and programs. With consistent definitions, providers and patients can have more reliable expectations about scope of practice and available services, respectively, reducing access barriers tied to relocation or intrastate practice. Additionally, this would be particularly helpful for providers participating in the Pilot that have a presence in multiple states and must navigate different standards and definitions.

Apps, Devices and Connectivity

The FCC seeks public comment on the feasibility of provider participation in the Pilot if the Pilot does not fund end-user devices and software. FCC also requests feedback on connectivity barriers and the role the Pilot should play in addressing them.

AdventHealth appreciates the FCC's recognition of the critical role that connected devices play in successful telehealth programs, especially for low-income, rural and veteran populations. **To that end, AdventHealth recommends that the Pilot consider offering provider discounts or financial assistance to help cover the capital cost of implementing telehealth programs**. Currently, the equipment, devices and applications needed to provide telehealth services encompass most of the cost of telehealth programs. Therefore, we believe is it unlikely that health care systems with limited resources serving low-income communities could help the FCC bring the Pilot to scale without the provision of end-user devices and apps.

North Dakota, Oklahoma, Pennsylvania, South Dakota, Tennessee, Utah, Vermont, West Virginia, Wisconsin, Wyoming, Washington. See Interstate Medical licensure Compact (2019).

Even if reliable, high-quality broadband is expanded and accessible, an end-user interface is essential to provider and patient participation in telehealth. **Pilot development should anticipate the need for no-cost applications or subsidized devices for doctors and patients to meet national standards for telehealth delivery.** The success of the Pilot greatly depends on the access that low-income patients and veterans have to devices that can facilitate telehealth.

The FCC should consider partnering with local clinics, Critical Access Hospitals, VA clinics/hospitals or even pharmacies to have connected devices (e.g., tablets, video portals, etc.) that are free to use, durable and available in low-income communities. As mentioned above, AdventHealth also recommends that the FCC consider how laws and regulations, as well as Medicare/Medicaid and TriCare policies, might affect the distribution of equipment to providers and subsequently to patients at little to no cost. For example, one potential model for ensuring that federal health care programs are not disincentivized from participating in the Pilot is the Transportation Safe Harbor, introduced by the HHS Office of the Inspector General in 2017. This safe harbor allowed for the provision of transportation services for eligible patients without that transportation being considered an inducement for Self-Referral or Anti-Kickback purposes.

Monthly Caps for Internet Access Services

FCC proposes an 85 percent cap on the amount of support that can be paid for broadband internet access to a health care provider for each participating patient. This policy is consistent with the existing policy under the Rural Health Pilot Program.

AdventHealth supports a percentage-based cap on support services but recommends that the FCC consider offering additional flexibility for communities with higher needs or barriers to telehealth. Some communities may need higher financial support at the beginning of the Pilot to develop infrastructure. We encourage the FCC to consider municipal utility rate variations, existing federal support for broadband access and factors like median income in developing a regionally variable, percent-based scale for monthly caps.

Conclusion

We applaud the Agency for its effort to expand access to telehealth services for vulnerable populations. This is particularly important due to existing nationwide provider shortages AdventHealth welcomes the opportunity to further discuss any of the recommendations provided

above. If you have any questions or would like further information, please do not hesitate to contact Julie Zaiback-Aldinger, Director of Public Policy and Community Benefit, at Julie.Zaiback@adventhealth.com.